		ARIZ		BOARD OF HEALT	'H State File No	22
1. PLACE	OF BIRTH		•	ITAL STATISTICS	Registered No. 2	78
.,			STANDARD CERT	TFICATE OF BIRTH		
County	Ju	************	***************************************	State		
District or	Township			or Village		
City	Slove	•	No Gill	1 County Ho	~p si	Ward
Oity	()	3 <i>d</i>	(If pirth occ	urred in a hospital of institution	n, give its NAME instead of stree	
2. Full na	me of child.	loren de	an Da	work	If child is not yet supplemental repor	named, make
3. Sex of C	hild To ba	nswered ONLY \ 4.	Twin, triplet or other	r		
1	in event	of plural	•	4.5	7. Date /2 - 3	76
	births.	<u> </u>	No., in order of birth		Month Day	Year .
8.		FATHER	•	14. V	MOTHER	
Full name	arthur	mustant'	Spurlock	Full malden name	zaie Trene S	les
		A.	V	17 D-11	0000	
9. Residen (Usu	ice ial place of abode)	Julia	•	15 Residence (Usual place of abode)	Thomas	· · ·
If non-re	esident, give pla	ce and state.	n.	lf non-resident, give	place and state.	<u> </u>
10. Color o	or race		0	16 Color or race		2
100	ti		クプ	white		01
00 M		11. Age at last birth	day(Years)	10 MG	17. Age at last birthday.	×.∠(Years)
12 Riethol	lace (city or place	Stephens	rele	18. Birthplace (city or pl	se El Doin	No
_		A/ad	7		ank	
(Stat	te or country)	- perper	<u></u>	(State or country)		
13. Occupa	ation)		19. Occupation		
Nature o	of industry	nuer		Nature of industry	fourene	٠.٠٠
·	1 1			<u> </u>		
	er of children of (··· (a) Born alive a		21. Were precautions taken thalmia neonatorum?	against oph-
(Taken as certified an	of time of birth of including this	of child herein hild.)	(c) Stillborn		ہے۔	د ه
			ATE OF ATTENDIN	G PHYSICIAN OR MIDWI	PE*	
I hereby ce	ertify that I atter	aded the birth of this c	hild, who was	Born alive or stillborn	at 6.70 CC m. on the date	above stated
* When	there was no atte fe, then the fath	ending physician	Signature	011)	Teda.	
ノ etc., shou	ıld make thia ret	urn. A stillborn			$\sigma \sim 1$	
child is	one that neithe her evidence of	if breathes nor life ofter birth.	-,		(Phyanian or midw	
Given nan	ne added from			Elol	e at the	
a supplem	ental report	Month, day, year	Address	1.	5. 6-2 ki	
1	and the second		Filed	731 26	11 8014 8021	